

UnitedHealthcare Group Medicare Advantage (HMO) Fire and Police Pension Association (FPPA)

Fire and Police Pension Association

1/ 1/2025 - 12/31/2025

Rates for: 1/1/2025 - 12/31/2025

Plan Year: 2025

Total Premium*	Quote Name	Product Combination	Quoted Membership	UHC Rate ID	Quoted Service Area
\$598.57	2025_FIRE & POLICE PENSION_Renewal Plan_Renewal Plan	MAPD	13	RP-43690	Colorado

Stipulations

- This is a Final quote effective 1/1/2025 - 12/31/2025. The situs state is Colorado.
- These rates are quoted assuming our offering is alongside of another offering/another carrier.
- Please note the following with regard to the drug coverage on these MAPD products: (i) We reserve the right to change our Part D formulary for calendar year 2025 . We also reserve the right to change our pharmacy benefit manager and/or our pharmacy network for calendar year 2025. (ii) There is a specific, Part D drug formulary that applies to all of our MAPD plan offerings. (iii) All Part D prescription drug coverage is considered to be creditable, therefore Creditable Coverage Notices are not required.
- The premium rate quoted herein assumes that premiums are due in full on a monthly basis on or before the last business day of the month.
- United reserves the right to modify its 2025 rates in the event of changes to existing laws, regulations, or any new legislation, assessments, taxes, and/or marketplace changes to the Medicare Advantage and Part D programs that will have an impact to the program costs or revenue, including but not limited to: (i) any changes to the Part D program including, but not limited to, any current proposals or legislation that have not yet been finalized (Please note that this proposal does account for the portions of the Inflation Reduction Act that are effective on or before 1/1/2025 but does not account for any impacts due to the portions of the Inflation Reduction Act that are scheduled to become effective 1/1/2026 and forward); (ii) changes in the methodology used to calculate CMS payments including any changes due to EGWP bid waiver; (iii) any plan design changes required by the applicable regulatory authority (i.e. mandated benefits); (iv) any Force Majeure event, including but not limited to national pandemic, act of God, acts of terrorism, or anything beyond United's reasonable control; or (v) as otherwise permitted in our contract.
- Quote assumes \$15.00 PMPM commission level.
- 0 Pre-65 Medicare eligible retirees are included.
- If competing plans are offered to the retirees alongside our plan, the following predications apply: (i) All competing carriers must be offering a Rx benefit with coverage in gap as comprehensive as or better than UnitedHealth Group.(ii) Premium cost for each retiree must be equal to or lower for our plan than for any other plan. (iii) Our rates and/or plan design may be subject to change pending our final review of all competing carrier offerings.
- This quote assumes that the employer pays 100% of the premium.
- If members who have previously opted out are to be allowed back into the plan, then this fact must be disclosed at the time of quote.
- If the enrollment were to change by more than +/- 10% from current enrollment, we reserve the right to adjust the rates.

* Premium Rates are Per Member Per Month (PMPM)

Medical Coverage

Benefit Name	In Network Services	Out of Network Services
Annual Medical Deductible	None	
Annual Medical Out-of-Pocket Maximum	\$1,500	
Physician Services		
Primary Care Physician Office Visit (includes Non-MD office visits)	\$10	(DO NOT SHOW)
Specialist Office Visit	\$15	(DO NOT SHOW)
Annual Routine Physical Exam	\$0	(DO NOT SHOW)
Virtual Services		
Virtual Office Visit	\$0	(DO NOT SHOW)
Virtual Visits - Behavioral Health	\$15	(DO NOT SHOW)
Virtual Medical Care access through preferred vendors (includes 24/7 access to healthcare advice by phone, video, or application)	\$0	N/A
Virtual Behavioral Health Care access through preferred vendors (includes 24/7 access to healthcare advice by phone, video, or application)	\$15	N/A

Inpatient Services

Inpatient Hospital Stay	\$50 Per Admit
Skilled Nursing Facility Care - Prior hospital stay requirement waived	Yes
Skilled Nursing Facility Care - Benefit Period	100
Skilled Nursing Facility Care	\$0 Per Day
Day Range 1	Days 1 - 20 \$25 Per Day
Day Range 2	Days 21 - 100
Inpatient Mental Health Lifetime Maximum	190
Inpatient Mental Health/ Substance Abuse in a Psychiatric Hospital	\$50 Per Admit

Outpatient Services

Outpatient Surgery	\$25
Outpatient Hospital Services	\$25
Outpatient Psychiatric Services	\$15
Outpatient Mental Health/Substance Abuse - Individual Visit	\$15
Outpatient Mental Health/Substance Abuse - Group Visit	\$10
Partial Hospitalization (Mental Health Day Treatment) per day	\$55
Comprehensive Outpatient Rehabilitation Facility (CORF)	\$0
Occupational Therapy	\$0
Physical Therapy and Speech/Language Therapy	\$0
Cardiac/Intensive Cardiac/Pulmonary Rehabilitation/SET	\$0
Intensive Cardiac Rehabilitation	\$0
Pulmonary Rehabilitation	\$0
Supervised Exercise Therapy (SET) for Symptomatic peripheral artery disease (PAD)	\$0
Kidney Dialysis	20%

Medicare Covered Services

Chiropractic Visit	50%
Acupuncture Visit	20%
Podiatry Visit	\$15
Eye Exam	\$15
Diabetic Eye Exam	\$15
Eyewear (Frames and Lenses after cataract surgery)	\$0
Hearing Exam	\$15
Dental Services	\$15

Ambulance/Emergency Room/Urgent Care

Ambulance Services	\$50
Ambulance Copay Waived if Admitted	No
Emergency Room (includes Worldwide coverage)	\$50
Emergency Room Copay Waived if Admitted within 24 hours	Yes
Urgent Care (Includes Worldwide Coverage)	\$35
Urgent Care Copay Waived if Admitted within 24 hours	Yes

Part B Drugs And Blood

Part B Drugs	20%
Part B Insulin	20%
Part B Chemotherapy Drugs	20%
Blood (3 pint deductible waived)	\$0

Durable Medical Equipment (DME) And Supplies

Durable Medical Equipment	20%
Prosthetics	20%
Orthotics	20%
Diabetic Shoes and Inserts	20%
Medical Supplies	20%
Diabetic Monitoring Supplies	\$0
Insulin Pumps and Supplies	20%

Home Healthcare Agency & Hospice

Home Health Services	\$0
Hospice (Medicare-covered)	\$0

Procedures

Clinical Laboratory Services	\$0
Outpatient X-ray Services	\$0
Diagnostic Procedure/Test (includes non-radiological diagnostic services)	\$0
Diagnostic Radiology Service	\$0
Therapeutic Radiology Service	\$0

Preventive Services (Medicare-Covered)

Cardiovascular Screenings	\$0
Immunizations (Flu, Pneumococcal, Hepatitis B)	\$0
Pap Smears and Pelvic Exams	\$0
Prostate Cancer Screening	\$0
Colorectal Cancer Screenings	\$0
Bone Mass Measurement (Bone Density)	\$0
Mammography	\$0
Diabetes - Self-Management Training	\$0
Medical Nutrition Therapy and Counseling	\$0
Annual Wellness Exam and One-time Welcome-to-Medicare Exam	\$0
Smoking Cessation Visit	\$0
Abdominal Aortic Aneurysm (AAA) Screenings	\$0
Diabetes Screening	\$0
HIV Screening	\$0
Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse	\$0
Screening for Depression in Adults	\$0
Screening for Sexually Transmitted Infections (STIs) and high intensity Behavioral Counseling to prevent STIs	\$0
Intensive Behavioral Therapy to reduce Cardiovascular Disease Risk	\$0
Screening and Counseling for Obesity	\$0
Glaucoma Screening	\$0
Kidney Disease Education	\$0
Dialysis Training	\$0
Hepatitis C Screening	\$0
Lung Cancer Screening	\$0

Additional Benefits/Non-Medicare Covered Services

Chiropractic (Non-Medicare Covered)

Chiropractic	\$15
Chiropractic - Number of Visits	12
Chiropractic - Benefit Period	1 Year

Hearing (Non-Medicare Covered)

Hearing Exam for Hearing Aids	\$0
Hearing Exam - Number of Visits	1
Hearing Exam - Benefit Period	1 Year
Hearing Aid - Allowance Per Ear or Combined	Combined
Hearing Aid - Cost Share	\$0
Hearing Aid - Number of Devices	Unlimited
Hearing Aid - Benefit Period	3 Years
Hearing Aid - Device Allowance	\$500

Personal Emergency Response System

Personal Emergency Response System (PERS)	Included
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Podiatry (Non-Medicare Covered)

Podiatry	\$15
Podiatry - Number of Visits	6
Podiatry - Benefit Period	Per Plan Year

Vision (Non-Medicare Covered)

Eye Exam Refraction	\$0
Eye Exam Refraction - Benefit Period	every 12 months

Wellness/Clinical Programs

UHC Healthy At Home - Post-Discharge Program, following each discharge:	Included
- 12 non-emergency medical rides	
- 28 home delivered meals	
- 6 hours in-home personal care	
Fitness Program	Included
Case and Disease Management, including:	Included
- High Risk Members	
- Heart Failure	
- Respiratory Illness	
- Kidney Disease	
- Diabetes	
- Behavioral Health	
HouseCalls Program	Included
Member Rewards Program	Included
- Reward cards for completing certain health care activities	
UHC Hearing Aid Discount Program	Included
- Note: Available services and offerings may be limited in the U.S. Territories	
Let's Move Program	Included
A wellness program helping retirees move to a healthier lifestyle with resources, tools, and events focused on topics including:	
- Physical activity and nutrition	
- Mental health and social connection	
- Smoking cessation	
- Caregiver well-being	
- Financial wellness	

Outpatient Prescription Drug Coverage

Prescription Drug Plan	Standard Plan D10
Pharmacy Network	Broad Network
Formulary	Group Select H
Bonus Drug List	B
Formulary Edits (step therapy, quantity limits, prior authorization)	Standard: Edits On

Benefit Name In Network Services

Part D Coverage Stages

Initial Coverage	See Retail & Mail Order cost shares below.
True Out of Pocket Threshold (TrOOP)	\$2,000
Catastrophic Coverage over TrOOP	Member cost share is \$0

Day Supply Information

Retail 1 month supply	30
Retail 2 month supply	60
Retail 3 month supply	90
Mail Order 1 month supply	30
Mail Order 2 month supply	60
Mail Order 3 month supply	90

Tier Definitions

Tier 1 - Preferred Generic	All covered generic drugs
Tier 2 - Preferred Brand	Many common brand name drugs, called preferred brands
Tier 3 - Non-preferred Drug	Non-preferred brand name drugs. In addition, Part D eligible compound medications are covered in tier 3.
Tier 4 - Specialty Tier	Unique and/or very high-cost brand drugs

Part D Retail Cost Share Min./Max. Insulin Copay

1 month supply

Tier 1	Preferred Generic	\$15	\$15
Tier 2	Preferred Brand	\$30	\$30
Tier 3	Non-preferred Drug	\$55	\$35
Tier 4	Specialty Tier	\$55	\$35

2 month supply

Tier 1	Preferred Generic	\$30	\$30
Tier 2	Preferred Brand	\$60	\$60
Tier 3	Non-preferred Drug	\$110	\$70
Tier 4	Specialty Tier	\$110	\$70

3 month supply

Tier 1	Preferred Generic	\$45	\$45
Tier 2	Preferred Brand	\$90	\$90
Tier 3	Non-preferred Drug	\$165	\$105
Tier 4	Specialty Tier	\$165	\$105

Part D Mail Order Cost Share Min./Max. Insulin Copay

1 month supply

Tier 1	Preferred Generic	\$15	\$15
Tier 2	Preferred Brand	\$30	\$30
Tier 3	Non-preferred Drug	\$55	\$35
Tier 4	Specialty Tier	\$55	\$35

2 month supply

Tier 1	Preferred Generic	\$30	\$30
Tier 2	Preferred Brand	\$60	\$60
Tier 3	Non-preferred Drug	\$110	\$70
Tier 4	Specialty Tier	\$110	\$70

3 month supply

Tier 1	Preferred Generic	\$30	\$30
Tier 2	Preferred Brand	\$60	\$60
Tier 3	Non-preferred Drug	\$110	\$105
Tier 4	Specialty Tier	\$110	\$105

UnitedHealthcare Group Medicare Advantage® Plans are offered by United HealthCare Insurance Company and its affiliated companies, Medicare Advantage Organizations with a Medicare contract. Limitations, copayments and coinsurance may apply. Benefits may vary by employer group. By group's acceptance of this proposal or upon group's first premium payment, whichever occurs first, Group represents to UnitedHealthcare that it offers employment-based retiree coverage as that term is defined in 42 CFR 422.106(d)(5) and that it will only enroll individuals with the status of a retired participant, or spouse or dependent of a retired participant, in the group's employment-based group plan.